

**City of Detroit**  
**CONSUMER AFFAIRS DEPARTMENT**  
**65 Cadillac Square, Suite 300**  
**Detroit, Mi. 48226**  
**313-224-6995, (Fax) 313-224-2796**

**Complaint Form**

**How Do We Reach You ?**

**(Required Fields: \*)**

First Name: \* \_\_\_\_\_ MI: \_\_\_\_ Last Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \* \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Ext: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

---

**Tell Us Your Complaint**

Complaint Subject: \_\_\_\_\_

Company Name: \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \* \_\_\_\_\_

Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Web Site: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Company Initial Contact: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_ (Credit Card, Debit Card, Cash, Check or Money Order)

### Complaint Description:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.